

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: ARKANSAS

Citation 4.19 Payment for Services

42 CFR 447.252 (a) The Medicaid agency meets the requirements of
1902(a)(13) 42 CFR Part 447, Subpart C, and sections
and 1923 of 1902(a)(13) and 1923 of the Act with respect to
the Act payment for inpatient hospital services.

1902(e)(7)

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

- ☐ Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.
- ☒ Inappropriate level of care days are not covered.

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Supersedes 87-12 Approval Date DEC 13 1991 Effective Date OCT - 1 1991
TN No. 87-12

HCFA ID: 7982E

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>NOV 21 1991</u>	
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DATE EFF	<u>OCT - 1 1991</u>	
HCFA 179	<u>91-52</u>	

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August 1993

(MB)

OMB No.: 0938-

State/Territory: ARKANSAS

Citation

42 CFR 447.201
42 CFR 447.302
52 FR 28648
1902(a)(13)(E)
1903(a)(1) and
(n), 1920, and
1926 of the Act

4.19(b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

1902(a)(10) and
1902(a)(30) of
the Act

SUPPLEMENT 1 to ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

STATE <u>Arkansas</u>		A
DATE REC'D	<u>8-27-93</u>	
DATE APPV'D	<u>9-3-93</u>	
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Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State ARKANSAS

Citation
42 CFR 447.40
AT-78-90

4.19(c) Payment is made to reserve a bed during
a recipient's temporary absence from an
inpatient facility.

☒ Yes. The State's policy is
described in ATTACHMENT 4.19-C.

☐ No.

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Supersedes
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Approval Date 11/18/77 Effective Date 10/15/77

Revision: HCFA - Region VI
November 1990

State/Territory: ARKANSAS

Citation

42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141
Section 1902(a)
(13)(A) of Act
(Section 4211 (h)
(2)(A) of P.L.
100-203).

4.19 (d)

- (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for nursing facility services and intermediate care facility services for the mentally retarded.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for nursing facility services and intermediate care facility services for the mentally retarded.

- (2) The Medicaid agency provides payment for routine nursing facility services furnished by a swing-bed hospital.

☐ At the average rate per patient day paid to NFs for routine services furnished during the previous calendar year.

☐ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

☒ Not applicable. The agency does not provide payment for NF services to a swing-bed hospital.

STATE <i>Arkansas</i>	A
DATE REC'D <i>DEC 19 1990</i>	
DATE APPV'D <i>APR 19 1991</i>	
DATE EFF <i>OCT -1 1990</i>	
HCFA 179 <i>90-61</i>	

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TN No. *87-22*

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Effective Date *OCT -1 1990*

Revision: HCFA-Region VI
March 1991

State ARKANSAS

Citation
42 CFR 447.45
AT-79-50
Sec. 1915(b)(4),
(Sec. 4742 of
P.L. 101-508)

4.19(e) The Medicaid agency meets
all requirements of 42 CFR
447.45 for timely payment
of claims.

ATTACHMENT 4.19-E specifies,
for each type of service, the
definition of a claim for
purposes of meeting these
requirements.

STATE <u>Arkansas</u>		A
DATE REC'D	<u>3-29-91</u>	
DATE APPV'D	<u>4-9-91</u>	
DATE EFF	<u>1-1-91</u>	
HCFA 179	<u>91-13</u>	

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Effective Date 1/1/91

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: ARKANSAS

Citation
42 CFR 447.15
AT-78-90
AT-80-34
48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing charge.

STATE	<u>AR</u>	A
DATE RECD	<u>JUL 1 1987</u>	
DATE APVD	<u>JUL 30 1987</u>	
DATE EFF	<u>See HCFA-179</u>	
HCFA 179	<u>87-12</u>	

TN No. 87-12
Supersedes
TN No. 83-8

Approval Date JUL 30 1987

Effective Date See HCFA-179

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State ARKANSAS

Citation

42 CFR 447.201

42 CFR 447.202

AT-78-90

4.19(g) The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.

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Supersedes

TN #

Approval Date 10/9/79

Effective Date 8/6/79

Revision: HCFA-AT-80-60 (BPP)
August 12, 1980

State ARKANSAS

Citation 4.19(h) The Medicaid agency meets the requirements
42 CFR 447.201 of 42 CFR 447.203 for documentation and
42 CFR 447.203 availability of payment rates.
AT-78-90

TN # 81-5
Supersedes
TN # 79-12

Approval Date APR 1981

Effective Date APR 1981

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State ARKANSAS

Citation

42 CFR 447.201
42 CFR 447.204
AT-78-90

4.19(i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

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TN # _____

Approval Date 10/9/79 Effective Date 8/6/79

66(a)

Revision: HCFA-PM-92-7 (MB)
October 1992

State/Territory: ARKANSAS

Citation

1903(i)(14)
of the Act

4.19(1) The Medicaid agency meets the requirements of section 1903(i)(14) of the Act with respect to payment for physician services furnished to children under 21 and pregnant women. Payment for physician services furnished by a physician to a child or a pregnant woman is made only to physicians who meet one of the requirements listed under this section of the Act.

STATE	<i>Arkansas</i>	A
DATE REC'D	DEC 07 1992	
DATE APPL'D	DEC 23 1992	
DATE EFF	OCT 01 1992	
HCFA 1/9	92-41	

TN No. 92-41 Approval Date DEC 23 1992 Effective Date OCT 01 1992
Supersedes None - New Page
TN No. None - New Page

Revision: HCFA-PM-94-8 (MB)
OCTOBER 1994

State/Territory: ARKANSAS

Citation

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

- 1928(c)(2) (i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in (C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.
- (ii) The State:
- sets a payment rate at the level of the regional maximum established by the DHHS Secretary.
 - is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.
 - ☒ sets a payment rate below the level of the regional maximum established by the DHHS Secretary.
 - is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.
- The State pays the following rate for the administration of a vaccine:
- \$8.69

- 1926 of the Act (iii) Medicaid beneficiary access to immunizations is assured through the following methodology:
- Other - (The method to assure Medicaid beneficiary access to immunizations is pending subject to further guidance by the Federal Government.)

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>05-01-95</u>	
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DATE OF	<u>07-01-95</u>	
HCFA 177	<u>95-07</u>	

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